300 RACE STREET

WI SCONSI N DELLS 53965 Phone: (608) 254-2574	Į.	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	90	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	90	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	87	Average Daily Census:	88
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	37. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 3	Under 65	5. 7	More Than 4 Years	24. 1
Day Services	Yes	Mental Illness (Org./Psy)	21.8	65 - 74	12. 6		
Respite Care	Yes	Mental Illness (Other)	6. 9	75 - 84	39. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1. 1	85 - 94	39. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	3. 4	Full-Time Equivalen	it
Congregate Meals	No	Cancer	2. 3	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	6. 9	İ	100. 0	$(12/3\hat{1}/01)$	
Other Meals	No	Cardi ovascul ar	11.5	65 & 0ver	94. 3		
Transportati on	No	Cerebrovascul ar	11. 5			RNs	13. 0
Referral Service	No	Di abetes	1. 1	Sex	%	LPNs	9. 0
Other Services	No	Respi ratory	14. 9		'	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	19. 5	Male	36. 8	Aides, & Orderlies	39. 3
Mentally Ill	No			Femal e	63. 2		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	1. 5	122	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 1
Skilled Care	11	100.0	185	58	87. 9	104	0	0.0	0	10	100.0	151	0	0.0	0	0	0.0	0	79	90.8
Intermediate				6	9. 1	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	6. 9
Limited Care				1	1. 5	73	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 1
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100. 0		66	100.0		0	0.0		10	100.0		0	0.0		0	0.0		87	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of $12/$	31/01
Deaths During Reporting Period	l				0/ N 1.		
D			0/		% Needi ng	0/ 50 + 33	Total
Percent Admissions from:		Activities of	- %		sistance of	<i>J</i>	Number of
Private Home/No Home Health	2. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	1	Resi dents
Private Home/With Home Health	1. 1	Bathi ng	4. 6		78 . 2	17. 2	87
Other Nursing Homes	2. 1	Dressi ng	18. 4		65 . 5	16. 1	87
Acute Care Hospitals	92. 0	Transferring	37. 9		42. 5	19. 5	87
Psych. HospMR/DD Facilities	2. 1	Toilet Use	33. 3		47. 1	19. 5	87
Reĥabilitation Hospitals	0.0	Eating	70. 1		17. 2	12. 6	87
Other Locations	0. 5	****************	**********	*****	******	**********	******
Total Number of Admissions	187	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	4.6	Recei vi ng	Respi ratory Care	25. 3
Private Home/No Home Health	15. 3	Occ/Freq. Incontinent	of Bladder	44.8	Recei vi ng	Tracheostomy Care	2. 3
Private Home/With Home Health	18. 4	Occ/Freq. Incontinent	of Bowel	19. 5	Recei vi ng	Sucti oni ng	2. 3
Other Nursing Homes	3. 2	<u> </u>			Recei vi ng	Ostomy Care	1. 1
Acute Care Hospitals	33. 2	Mobility			Recei vi ng	Tube Feedi ng	2. 3
Psych. HospMR/DD Facilities	4. 2	Physically Restrained	Į	0. 0	Recei vi ng	Mechanically Altered Diets	24. 1
Reĥabilitation Hospitals	0.0	i j			8	v	
Other Locations	5. 8	Skin Care			Other Reside	nt Characteristics	
Deaths	20. 0	With Pressure Sores		1. 1		ce Directives	92. 0
Total Number of Discharges		With Rashes		4. 6	Medi cati ons		****
(Including Deaths)	190			2. 0		Psychoactive Drugs	52. 9
(Therauring Deaths)	100	I			weed ving	is sindective brugs	0×. 0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: Propri etary 50-99 Skilled Al l Thi s Peer Group Peer Group Facilities Facility Peer Group % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97.8 82. 5 1. 19 86. 4 1. 13 85.8 1. 14 84.6 1.16 Current Residents from In-County 28.7 74.3 0.39 69. 6 0.41 69. 4 0.41 77. 0 0.37 Admissions from In-County, Still Residing 1.6 19.8 0.08 19. 9 0.08 23. 1 0.07 20.8 0.08 Admissions/Average Daily Census 212.5 148. 2 1.43 133. 4 1. 59 105. 6 2.01 128. 9 1.65 Discharges/Average Daily Census 215.9 146.6 1.47 132. 0 1. 64 105. 9 2.04 130. 0 1.66 Discharges To Private Residence/Average Daily Census 72.7 58. 2 1. 25 49. 7 1.46 38. 5 1.89 52.8 1. 38 Residents Receiving Skilled Care 92.0 92.6 0.99 90.0 1.02 89. 9 1.02 85. 3 1.08 Residents Aged 65 and Older 94. 3 95. 1 0.99 94. 7 1.00 93. 3 87. 5 1.01 1.08 Title 19 (Medicaid) Funded Residents 1. 10 75.9 66. 0 1. 15 68.8 69.9 1.08 68. 7 1. 10 Private Pay Funded Residents 22. 2 23. 6 0.49 22.2 22. 0 0. 52 11. 5 0. 52 0. 52 Developmentally Disabled Residents 2. 3 0.8 3.06 1.0 2.22 0.8 3.06 7. 6 0.30 Mentally Ill Residents 28. 7 31.4 0.92 36. 3 0. 79 38. 5 0.75 33. 8 0.85 General Medical Service Residents 19. 5 23.8 0.82 21. 1 0.93 21. 2 0.92 19.4 1.01 Impaired ADL (Mean) 49.3 42.5 46. 9 0.91 47. 1 0.90 46. 4 0.92 0.86 Psychological Problems 52.9 47. 2 1. 12 49. 5 1. 07 52.6 1.01 51. 9 1. 02 Nursing Care Required (Mean) 7. 9 7.4 7.3 1.08 6. 7 1. 19 6. 7 1. 17 1.06